



**Gila County Community Development Department  
Planning & Zoning Division**

**CONDITIONAL USE PERMIT  
APPEAL FORM**

**Appellant Information**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Email Address \_\_\_\_\_

**Project Information**

Project Address \_\_\_\_\_

County Case Number \_\_\_\_\_

**Grounds for Appeal:** Explain why you feel there has been an error in any decision or refusal made by an administrative official. You may attach a separate sheet if necessary.

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\_\_\_\_\_  
Appellant Signature

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY**

Date Appeal Received \_\_\_\_\_

Date of BOS meeting: \_\_\_\_\_ Decision of BOS: \_\_\_\_\_